

Name of Production _____

Audition Form

Please complete and hand in at the check-in table



This space for NDCT use only

Name: _____ Age: _____

Birthdate: _____ School: _____ Grade: _____

Sex: M F Height: _____ T-Shirt size (circle one): Child XS S M L Adult S M L XL

Address: _____ City: _____ State: _____ Zip: _____

Home phone: _____ Your cell: _____ Your e-mail: _____

Parent Name(s): _____

Parent Cell: _____ Parent e-mail: _____

Emergency Contact (other than parent): _____ Phone: _____

We share contact information within the cast ONLY for carpool and communication reasons.

May we share your information with the cast. YES _____ NO _____

Previous Acting / Dancing / Singing / Theatre Experience

Theatre, Vocal, Music experience (Please list below; use back of form if you need more space)

Grade/Year	Play/Show name	Role	Organization/School

Please list if you have DANCE EXPERIENCE/How long have you taken

Tap / _____ Ballet / _____ Jazz / _____ Hip Hop / _____

Other Special Talents? (e.g. gymnastics, juggling, play a musical instrument, etc.) _____

List any roles/parts you are particularly interested in: _____

List any roles/parts that you particularly do **not** want: _____

Do you know your vocal range? _____ If so, what is it?

Please list any food allergies

Please refer to rehearsal schedule and list **all** conflicts you have between now and the performance dates, and if they are flexible or not (use back of form if you need more space):

Please tell us how you heard about auditions?

Member of New Day email list Facebook Newspaper From a Friend, Who? _____

Other: _____